



265019

**Institutional Controls Tracking System
Tier 1 Data Entry Collection Form**
Region 5**Purpose:**

- *To provide an easy-to-use format for site managers to use in gathering IC information
- *To provide ICTS Data Entry Staff with information that can easily be entered into ICTS

Key guidelines (Please read!!!):

- * Keep track of assumptions made as you fill out the form; include these in a separate document that can be attached to the form (This will help you as follow-up actions are identified)
- * Data should reflect *current* site conditions as known by the user or documented in the site files
- * Many answers will rely on best professional judgement
- * Information entered into ICTS is *not* final and will *not* be considered decisional
- * Data in ICTS is for internal purposes only

Instructions

Notes are provided throughout the form to assist you in entering the data. *These are very important to follow, please read them carefully.* Further information can be found in "ICTS Tier 1 Data Entry Guidance and Assumptions."

Lists of choices are provided in an attachment for the following data categories: Objective by Media, Instrument Type, and Data Source Type. Please use the best fit from these lists first. As needed, you can add details to the prescribed language and/or add something that is not covered by the choices given in the lists.

Please return this form to your RRS Section Chief by June 4, 2004.

Please contact the Regional IC Program Coordinator, Sheri Bianchin at 6-4745, or the IC Legal Coordinator, Janet Carlson at 6-6059, if you have any questions.

SITE INFO		<i>MN/3512721</i>
Note: If your site has multiple OUs at which Unrestricted Use/Unlimited Exposure is not met, you may need to complete a form for each. Add the OU to the Site Name category.		
Site Name	State	
<i>General Mills/Henkel Corp</i>	<i>MN</i>	
RPM	ORC attorney	
<i>Gladys Beard</i>		

Please Print Clearly

Page 1 of 25

BASIC QUESTIONS	
<p>Please check all media for this site where contamination is present at a level that does NOT allow for unrestricted use/unlimited exposure (UU/UE).</p> <p><u>Note:</u> Answer this question based on the best currently available information: staff knowledge, site records. This answer should be based on current site conditions regardless of requirements in site decision documents.</p> <p>Checking "None" indicates that the site has been reviewed and there is no need for ICs, it is cleaned up to a level that supports UU/UE</p>	Soil <input checked="" type="checkbox"/>
	Groundwater <input checked="" type="checkbox"/>
	Surface Water <input type="checkbox"/>
	Sediment <input type="checkbox"/>
	Air <input type="checkbox"/>
	Other (identified specifically in Objective section) <input type="checkbox"/>
	None <input checked="" type="checkbox"/>
<p>Please check all media for which ICs are required (called for in decision documents).</p> <p><u>Note:</u> Information can be found in RODs, ROD Amendments, and ESDs. If ICs are called for but no media indicated, do NOT check any media here.</p>	Soil <input type="checkbox"/>
	Groundwater <input type="checkbox"/>
	Surface Water <input type="checkbox"/>
	Sediment <input type="checkbox"/>
	Air <input type="checkbox"/>
	Other (identified specifically in Objective section) <input type="checkbox"/>

Definition: The intended goal(s) of an IC in minimizing the potential for human exposure to contamination and /or protecting the integrity of the remedy by limiting land or resource use.

Note: Please record all objectives that apply to the site. You may need to add rows. This includes objectives that, in your best professional judgement, may need to be applied to maintain protectiveness. Recording these does NOT supply a final determination of required/needed ICs; the information will provide a guide to potential follow-up activities.

A Planned Instrument is one that is in draft form, such as a draft easement. An Implemented Instrument is one that is actually established, such as an easement filled with the recorder of Deeds office. These do not refer to plans in RODs or other decision documents, but to the actual IC itself.

AIR Provide the following for each media/objective. Check all that apply.						
		Planned Instrument?	Implemented Instrument?	Description (optional)	Supporting Doc. (Date)	Location: On-Site, Off-Site or OU
<input type="checkbox"/>	Prohibit Inhalation Exposure	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Protect Integrity of an Engineered Remedy	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Provide Information to Educate	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Provide Information to Modify Behavior	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Other	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			

Debris Provide the following for each media/objective. Check all that apply.						
		Planned Instrument?	Implemented Instrument?	Description (optional)	Supporting Doc. (Date)	Location: On-Site, Off-Site or OU
<input type="checkbox"/>	Prohibit Dermal Contact	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Ingestion Exposure	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Inhalation Exposure	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Recreational Exposure Scenario	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Residential Exposure Scenario	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit School/Daycare Exposure Scenario	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Utility Worker/Excavation Exposure Scenario	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Protect Integrity of an Engineered Remedy	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			

Debris (con't)

Provide the following for each media/objective. Check all that apply.

		Planned Instrument?	Implemented Instrument?	Description (optional)	Supporting Doc. (Date)	Location: On-Site, Off-Site or OU
<input type="checkbox"/>	Provide Information to Educate	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Provide Information to Modify Behavior	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Other	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			

Ground Water

Provide the following for each media/objective. Check all that apply.

		Planned Instrument?	Implemented Instrument?	Description (optional)	Supporting Doc. (Date)	Location: On-Site, Off-Site or OU
<input type="checkbox"/>	Prohibit Dermal Contact	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Drinking of Groundwater	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Ingestion Exposure	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Inhalation Exposure	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Other Use of Groundwater (Industrial, Food Preparation, Gardening, Agricultural, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Pumping Groundwater (Plume Movement)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input checked="" type="checkbox"/>	Protect Integrity of an Engineered Remedy	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	well drilling restriction		on-site
<input type="checkbox"/>	Provide Information to Educate	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Provide Information to Modify Behavior	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Other	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			

Ground Water Provide the following for each media/objective. Check all that apply.						
		Planned Instrument?	Implemented Instrument?	Description (optional)	Supporting Doc. (Date)	Location: On-Site, Off-Site or OU
<input type="checkbox"/>	Prohibit Dermal Contact	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Drinking of Groundwater	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Ingestion Exposure	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Inhalation Exposure	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Other Use of Groundwater (Industrial, Food Preparation, Gardening, Agricultural, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Pumping Groundwater (Plume Movement)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Protect Integrity of an Engineered Remedy	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Provide Information to Educate	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Provide Information to Modify Behavior	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Other	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			

Ground Water

Provide the following for each media/objective. Check all that apply.

	Planned Instrument?	Implemented Instrument?	Description (optional)	Supporting Doc. (Date)	Location: On-Site, Off-Site or OU
<input type="checkbox"/> Prohibit Dermal Contact					
<input type="checkbox"/> Prohibit Drinking of Groundwater	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/> Prohibit Ingestion Exposure	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/> Prohibit Inhalation Exposure	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/> Prohibit Other Use of Groundwater (Industrial, Food Preparation, Gardening, Agricultural, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/> Prohibit Pumping Groundwater (Plume Movement)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/> Protect Integrity of an Engineered Remedy	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/> Provide Information to Educate	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/> Provide Information to Modify Behavior	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/> Other	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			

Leachate

Provide the following for each media/objective. Check all that apply.

		Planned Instrument?	Implemented Instrument?	Description (optional)	Supporting Doc. (Date)	Location: On-Site, Off-Site or OU
<input type="checkbox"/>	Prohibit Dermal Contact	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Ingestion Exposure	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Inhalation Exposure	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Protect Integrity of an Engineered Remedy	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Provide Information to Educate	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Provide Information to Modify Behavior	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Other	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			

Residuals

Provide the following for each media/objective. Check all that apply.

		Planned Instrument?	Implemented Instrument?	Description (optional)	Supporting Doc. (Date)	Location: On-Site, Off-Site or OU
<input type="checkbox"/>	Prohibit Dermal Contact	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Ingestion Exposure	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Inhalation Exposure	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Recreational Exposure Scenario	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Residential Exposure Scenario	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit School/Daycare Exposure Scenario	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Utility Worker/Excavation Exposure Scenario	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Protect Integrity of an Engineered Remedy	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Provide Information to Educate	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Provide Information to Modify Behavior	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Other	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			

Sediment

Provide the following for each media/objective. Check all that apply.

		Planned Instrument?	Implemented Instrument?	Description (optional)	Supporting Doc. (Date)	Location: On-Site, Off-Site or OU
<input type="checkbox"/>	Prohibit Dermal Contact	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Ingestion Exposure	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Inhalation Exposure	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Residential Exposure Scenario	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Protect Integrity of an Engineered Remedy	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Provide Information to Educate	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Provide Information to Modify Behavior	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Other	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			

Sludge

Provide the following for each media/objective. Check all that apply.

		Planned Instrument?	Implemented Instrument?	Description (optional)	Supporting Doc. (Date)	Location: On-Site, Off-Site or OU
<input type="checkbox"/>	Prohibit Dermal Contact	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Ingestion Exposure	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Inhalation Exposure	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Recreational Exposure Scenario	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Residential Exposure Scenario	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit School/Daycare Exposure Scenario	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Utility Worker/Excavation Exposure Scenario	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Protect Integrity of an Engineered Remedy	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Provide Information to Educate	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Provide Information to Modify Behavior	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Other	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			

Soil

Provide the following for each media/objective. Check all that apply.

		Planned Instrument?	Implemented Instrument?	Description (optional)	Supporting Doc. (Date)	Location: On-Site, Off-Site or OU
<input type="checkbox"/>	Prohibit Dermal Contact	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Ingestion Exposure	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Inhalation Exposure	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Recreational Exposure Scenario	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Residential Exposure Scenario	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit School/Daycare Exposure Scenario	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Utility Worker/Excavation Exposure Scenario	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input checked="" type="checkbox"/>	Protect Integrity of an Engineered Remedy	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	land use restriction		on-site
<input type="checkbox"/>	Provide Information to Educate	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Provide Information to Modify Behavior	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Other	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			

Soil

Provide the following for each media/objective. Check all that apply.

		Planned Instrument?	Implemented Instrument?	Description (optional)	Supporting Doc. (Date)	Location: On-Site, Off-Site or OU
<input type="checkbox"/>	Prohibit Dermal Contact	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Ingestion Exposure	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Inhalation Exposure	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Recreational Exposure Scenario	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Residential Exposure Scenario	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit School/Daycare Exposure Scenario	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Utility Worker/Excavation Exposure Scenario	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Protect Integrity of an Engineered Remedy	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Provide Information to Educate	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Provide Information to Modify Behavior	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Other	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit School/Daycare Exposure Scenario	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Utility Worker/Excavation Exposure Scenario	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Protect Integrity of an Engineered Remedy	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Provide Information to Educate	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Provide Information to Modify Behavior	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Other	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			

Solid Waste

Provide the following for each media/objective. Check all that apply.

		Planned Instrument?	Implemented Instrument?	Description (optional)	Supporting Doc. (Date)	Location: On-Site, Off-Site or OU
<input type="checkbox"/>	Prohibit Dermal Contact	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Ingestion Exposure	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Inhalation Exposure	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Recreational Exposure Scenario	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Residential Exposure Scenario	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit School/Daycare Exposure Scenario	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Utility Worker/Excavation Exposure Scenario	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Protect Integrity of an Engineered Remedy	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Provide Information to Educate	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Provide Information to Modify Behavior	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Other	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			

Subsurface Soil

Provide the following for each media/objective. Check all that apply.

		Planned Instrument?	Implemented Instrument?	Description (optional)	Supporting Doc. (Date)	Location: On-Site, Off-Site or OU
<input type="checkbox"/>	Prohibit Dermal Contact	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Ingestion Exposure	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Inhalation Exposure	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Recreational Exposure Scenario	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Residential Exposure Scenario	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Utility Worker/Excavation Exposure Scenario	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Protect Integrity of an Engineered Remedy	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Provide Information to Educate	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Provide Information to Modify Behavior	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Other	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			

Surface Soil

Provide the following for each media/objective. Check all that apply.

		Planned Instrument?	Implemented Instrument?	Description (optional)	Supporting Doc. (Date)	Location: On-Site, Off-Site or OU
<input type="checkbox"/>	Prohibit Dermal Contact	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Ingestion Exposure	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Inhalation Exposure	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Recreational Exposure Scenario	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Residential Exposure Scenario	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit School/Daycare Exposure Scenario	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Utility Worker/Excavation Exposure Scenario	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Protect Integrity of an Engineered Remedy	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Provide Information to Educate	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Provide Information to Modify Behavior	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Other	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			

Surface Water

Provide the following for each media/objective. Check all that apply.

		Planned Instrument?	Implemented Instrument?	Description (optional)	Supporting Doc. (Date)	Location: On-Site, Off-Site or OU
<input type="checkbox"/>	Prohibit Aquatic Food Consumption	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Dermal Contact	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Drinking of Surface Water	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Ingestion Exposure	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Inhalation Exposure	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Prohibit Other Use of Surface Water (Industrial, Food Preparation, Gardening, Agricultural, Etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Protect Integrity of an Engineered Remedy	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Provide Information to Educate	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Provide Information to Modify Behavior	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/>	Other	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			

Definition: The administrative and/or legal mechanism by which the objective(s) are implemented.

Note: You may need to add rows. It may be necessary to consult ORC attorneys for this data category.

Please attach fully executed IC Instruments.

Enforcement

Provide the following for each media/objective checked:

	Category	Type	Use Restrictions Specified in Instrument	Planned Implement. Date	Actual Implement. Date	Issuing Org.	Instrument Name and/or ID #
<input type="checkbox"/>	Administrative Order on Consent (AOC)						
<input type="checkbox"/>	Consent Decree (CD)						
<input type="checkbox"/>	Contract						
<input type="checkbox"/>	Federal Interagency Agreement						
<input type="checkbox"/>	RCRA 3008 (h) Compliance Order						
<input type="checkbox"/>	RCRA Closure Permit						
<input type="checkbox"/>	RCRA Compliance Schedule						
<input type="checkbox"/>	RCRA Corrective Action Order						
<input type="checkbox"/>	RCRA Exposure Information Report						
<input type="checkbox"/>	RCRA Inspection Report						
<input type="checkbox"/>	RCRA Operating Permit - Part A						
<input type="checkbox"/>	RCRA Operating Permit - Part B						
<input type="checkbox"/>	RCRA Permit Modification - Part A						
<input type="checkbox"/>	RCRA Permit Modification - Part B						
<input type="checkbox"/>	RCRA Post-Closure Permit						
<input type="checkbox"/>	Report of Spill or Release						
<input type="checkbox"/>	Unilateral Administrative Order						

Government

Provide the following for each media/objective checked:

	Category	Type	Use Restrictions Specified in Instrument	Planned Implementa- tion Date	Actual Implement- ation Date	Issuing Org.	Instrument Name and/or ID #
<input type="checkbox"/>	Base Use Plan						
<input type="checkbox"/>	Federal Agency Instruction						
<input type="checkbox"/>	Federal Agency Permit - Alteration						
<input type="checkbox"/>	Federal Agency Permit - Building						
<input type="checkbox"/>	Federal Agency Permit - Demolition						
<input type="checkbox"/>	Federal Agency Permit - Development						
<input type="checkbox"/>	Federal Agency Permit - Excavation						
<input type="checkbox"/>	Federal Agency Permit - GW Management						
<input type="checkbox"/>	Federal Agency Permit - Unspecified Type						
<input type="checkbox"/>	Federal Agency Permit - Well Drilling						
<input type="checkbox"/>	Grant of Environmental Resource						
<input type="checkbox"/>	Groundwater Protection Zone						
<input type="checkbox"/>	Groundwater Use Regulation						
<input type="checkbox"/>	Local Ordinance						
<input type="checkbox"/>	Local Permit - Alteration						
<input type="checkbox"/>	Local Permit - Building						
<input type="checkbox"/>	Local Permit - Demolition						
<input type="checkbox"/>	Local Permit - Development						
<input type="checkbox"/>	Local Permit - Excavation						
<input type="checkbox"/>	Local Permit - Groundwater Mgmt.						
<input type="checkbox"/>	Local Permit - Unspecified Type						

Government (con't)

Provide the following for each media/objective checked:

<input type="checkbox"/>	Local Permit - Well Drilling							
<input type="checkbox"/>	Overlay Zoning							
<input type="checkbox"/>	State Legislation							
<input type="checkbox"/>	Subdivision Regulation							
<input type="checkbox"/>	Well Drilling Regulation							
<input type="checkbox"/>	Zoning Amendment							
<input type="checkbox"/>	Zoning Ordinance							
<input type="checkbox"/>	Zoning Variance							

Informational

Provide the following for each media/objective checked:

	Category	Type	Use Restrictions Specified in Instrument	Planned Implementati on Date	Actual Implementat ion Date	Issuing Org.	Instrument Name and/or ID #
<input type="checkbox"/>	Advisory - Agricultural						
<input type="checkbox"/>	Advisory - Drinking Water						
<input type="checkbox"/>	Advisory - Fishing						
<input type="checkbox"/>	Advisory - Food						
<input type="checkbox"/>	Advisory - Health						
<input type="checkbox"/>	Advisory - Swimming						
<input type="checkbox"/>	Advisory - Unspecified Type						
<input type="checkbox"/>	Announcement - Radio						
<input type="checkbox"/>	Announcement - Television						
<input type="checkbox"/>	Announcement - Unspecified Type						
<input type="checkbox"/>	Listing - Local Hazardous Waste Registry						
<input type="checkbox"/>	Listing - Military Hazardous Waste Registry						

Informational (con't)

Provide the following for each media/objective checked:

- | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|
| <input type="checkbox"/> | Listing - State Hazardous Waste Registry | | | | | | |
| <input type="checkbox"/> | Listing - Unspecified Type | | | | | | |
| <input type="checkbox"/> | Notice - Deed Notice | | | | | | |
| <input type="checkbox"/> | Notice - Notice to State Regulators Before Changes in Land Ownership | | | | | | |
| <input type="checkbox"/> | Notice - Notice to State Regulators Before Changes in Land Use | | | | | | |
| <input type="checkbox"/> | Notice - Unspecified Type | | | | | | |
| <input type="checkbox"/> | One Call System - Local | | | | | | |
| <input type="checkbox"/> | One Call System - State | | | | | | |
| <input type="checkbox"/> | One Call System - Unspecified Type | | | | | | |
| <input type="checkbox"/> | Public Education - Brochure | | | | | | |
| <input type="checkbox"/> | Public Education - Direct Mailing | | | | | | |
| <input type="checkbox"/> | Public Education - Door Hanger | | | | | | |
| <input type="checkbox"/> | Public Education - Fact Sheet | | | | | | |
| <input type="checkbox"/> | Public Education - Unspecified Type | | | | | | |
| <input type="checkbox"/> | Publication - Federal Register | | | | | | |
| <input type="checkbox"/> | Publication - Internet Announcement | | | | | | |
| <input type="checkbox"/> | Publication - Newspaper/Press Release | | | | | | |
| <input type="checkbox"/> | Publication - State Register | | | | | | |
| <input type="checkbox"/> | Publication - Unspecified Type | | | | | | |

Proprietary

Provide the following for each media/objective checked:

		Category	Type	Use Restrictions Specified in Instrument	Planned Implementa tion Date	Actual Implement ation Date	Issuing Org.	Instrument Name and/or ID #
<input type="checkbox"/>	Deed Restriction of Unspecified Type							
<input type="checkbox"/>	Easement - Affirmative							
<input type="checkbox"/>	Easement - Appurtenant							
<input type="checkbox"/>	Easement - Conservation							
<input type="checkbox"/>	Easement - In Gross							
<input type="checkbox"/>	Easement - Negative							
<input type="checkbox"/>	Easement - Unspecified Type							
<input type="checkbox"/>	Equitable Servitude							
<input type="checkbox"/>	Restrictive Covenant							
<input type="checkbox"/>	Reversionary Interest							

Note: The following roles describe the function an organization or individual serves. If a specific person is not yet identified for a role, indicate this with a "?". If a role is not needed or expected to be needed, indicate this with "N/A." If other contacts exist please add lines and list them.

Role	Organization	Name	Phone	Email
Site Manager	MPCA	Dagman Romano	612-296-7776	romano.dagman@psa.state.mn.us
EPA Attorney				
IC Implementation				
IC Enforcement				
IC Monitoring				
IC Monitoring Reporting				
IC Termination Initiation				
IC Termination Approval				
Federal Facility Agency Contact				

Note: Please enter all supporting documentation. If in doubt- include it. For files you wish to attach, please send these to the IC Coordinators electronically as well. For Internet resources, you can paste the url address to this document and also send the link to the IC Coordinators

		Local Provide the following for each media/objective checked:					
		Document or Application Title and/or ID	Source Category (Local, State, Tribal, or EPA)	Issuing Org	Source Type	User Rights (Public, Intranet, Password)	Url or file location
<input type="checkbox"/>	Information/Unenforceable						
<input type="checkbox"/>	Order						
<input type="checkbox"/>	Specific Permitting Ordinance						
<input type="checkbox"/>	Zoning						
		State Provide the following for each media/objective checked:					
		Document or Application Title and/or ID	Source Category (Local, State, Tribal, or EPA)	Issuing Org	Source Type	User Rights (Public, Intranet, Password)	Url or file location
<input type="checkbox"/>	RCRA 3008 (h) Compliance Order						
<input type="checkbox"/>	RCRA Compliance Schedule						
<input type="checkbox"/>	RCRA Corrective Action Order						
<input type="checkbox"/>	RCRA Exposure Information Report						
<input type="checkbox"/>	RCRA Inspection Report						
<input type="checkbox"/>	RCRA Operating Permit - Part A						
<input type="checkbox"/>	RCRA Operating Permit - Part B						
<input type="checkbox"/>	RCRA Permit Modification - Part A						
<input type="checkbox"/>	RCRA Permit Modification - Part B						
<input type="checkbox"/>	RCRA Post-Closure Permit						
<input type="checkbox"/>	Real Estate Common Law						
<input type="checkbox"/>	Report of Spill or Release						

		State (con't) Provide the following for each media/objective checked:					
		Document or Application Title and/or ID	Source Category (Local, State, Tribal, or EPA)	Issuing Org	Source Type *use attachment	User Rights (Public, Intranet, Password)	Url or file location
<input type="checkbox"/>	Statute/Ordinance - Administrative Order on Consent						
<input type="checkbox"/>	Statute/Ordinance - Consent Decree						
<input type="checkbox"/>	Statute/Ordinance - Information/Unenforceable						
<input type="checkbox"/>	Statute/Ordinance - Permit						
<input type="checkbox"/>	Statute/Ordinance - Unilateral Administrative Order						
		Tribal Provide the following for each media/objective checked:					
		Document or Application Title and/or ID	Source Category (Local, State, Tribal, or EPA)	Issuing Org	Source Type *use attachment	User Rights (Public, Intranet, Password)	Url or file location
<input type="checkbox"/>	Information/Unenforceable						
<input type="checkbox"/>	Local Permit						
<input type="checkbox"/>	Order						
<input type="checkbox"/>	Ordinance						
<input type="checkbox"/>	Treaty						
<input type="checkbox"/>	Other						

		USEPA Provide the following for each media/objective checked:					
		Document or Application Title and/or ID	Source Category (Local, State, Tribal, or EPA)	Issuing Org	Source Type *use attachment	User Rights (Public, Intranet, Password)	Url or file location
<input type="checkbox"/>	Administrative Order on Consent						
<input type="checkbox"/>	Close Out Report						
<input type="checkbox"/>	Consent Decree						
<input type="checkbox"/>	Explanation of Significant Differences						
<input type="checkbox"/>	Final Decision						
<input checked="" type="checkbox"/>	Five Year Review			MRA/EPA			SDMS
<input type="checkbox"/>	Health Assessment						
<input type="checkbox"/>	Informational/Unenforceable						
<input type="checkbox"/>	Local Permit						
<input type="checkbox"/>	Notice of Intent to Delete						
<input type="checkbox"/>	Notice of Intent to Partially Delete						
<input type="checkbox"/>	RCRA 3008 (h) Compliance Order						
<input type="checkbox"/>	RCRA Closure Permit						
<input type="checkbox"/>	RCRA Compliance Schedule						
<input type="checkbox"/>	RCRA Corrective Action Order						
<input type="checkbox"/>	RCRA Exposure Information Report						
<input type="checkbox"/>	RCRA Inspection Report						
<input type="checkbox"/>	RCRA Operating Permit - Part A						
<input type="checkbox"/>	RCRA Operating Permit - Part B						
<input type="checkbox"/>	RCRA Permit Modification - Part A						

		USEPA (con't) Provide the following for each media/objective checked:					
<input type="checkbox"/>	Ready for Reuse Determination						
<input type="checkbox"/>	Record of Decision						
<input type="checkbox"/>	Record of Decision Amendment						
<input type="checkbox"/>	Report of Spill or Release						
<input type="checkbox"/>	Response to Comments						
<input type="checkbox"/>	Statement of Basis						
<input type="checkbox"/>	Unilateral Administrative Order						

Note: The intent of this section is to provide an opportunity to capture any more pertinent IC information about the site. For example, have you run into any implementation problems? Do you know if any IC objective has been breached?
Please provide all relevant information in the space below.

Data Quality Certification and Control Information

Note: These categories are meant to guide you. It is expected that each Region will have a different structure for data quality and review. It is important to document those that review is done and who does it.

Completed by: (RPM)	Name <u>Gladys Beard</u>	Date <u>6/2/04</u>
	Title <u>Deletion Process Mgr</u>	Signature <u>Gladys Beard</u>
	Phone <u>312-886-7253</u>	
Reviewed by: (RRS Section or Branch Chief)	Name <u>Donald J. Bruce</u>	Date <u>6/10/04</u>
	Title <u>Chief, ARS#6</u>	Signature <u>Donald J. Bruce</u>
	Phone <u>312-886-7241</u>	
Date delivered to Debra Potter's Inbox	Name <u>Debra Potter</u>	Date <u>6/16/04</u>
	Title <u>Chief, PMIS</u>	Signature
Date received by PMIS Staff by:	Name <u>Lavetta Walters</u>	Date <u>6/16/04</u>
	Title <u>EPS</u>	Signature <u>Lavetta Walters</u>
Data Entry Completed by: (PMIS Staff)	Name <u>Jack Cartledge</u>	Date <u>6/22/04</u>
	Title <u>Office Automation Clerk</u>	Signature <u>Jack Cartledge</u>
	Phone <u>312-353-1027</u>	
Data entry quality control completed by: (PMIS Staff)	Name <u>Janet Samuel</u>	Date <u>6/24/04</u>
	Title <u>EPS</u>	Signature <u>Janet Samuel</u>
	Phone <u>353-8069</u>	
Data quality assurance completed by: (Program/Legal IC Coordinators)	Name	Date
	Title	Signature
	Phone	